Form 83-311-04-8-1-000 (Rev. 11/04)

## Mississippi Supplemental Summary of Net Income of Corporations

	Year	Page 1
Reporting Corporation Name	1001	FEIN
Other Eligible and Included Corporations. Use Fo	orm 83-311 if additional space is needed.	
Column A	Column B Credit Against Income Tax	Column C
Name of Corporation and Federal Employer Identification Number	(From Form 83-401 of each includable corporation)	Net Income (Loss)
Federal Employer Identification Number	a. Ad Valorem Tax - Schedule A	(From Form 83-122 of each includable corporation)
	b. Other Credits - Schedule B	
		Round All Amounts to the Nearest Dollar
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b. a	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name: FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b. a	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a	
FEIN	b.	
Name:	a.	
FEIN	b.	
Total Columns B and C. Enter here and include in Form 83-310, Line 3.	a.	
Form 83-310, Line 3.	b.	

Form 83-311-04-8-2-000 (Rev. 11/04)

## Mississippi Supplemental Summary of Net Income of Corporations

Page 2

Treporting Corporation Name		
Other Eligible and Included Corporations. Use Fo	orm 83-311 if additional space is needed.	L
Column A  Name of Corporation and Federal Employer Identification Number	Column B Credit Against Income Tax (From Form 83-401 of each includable corporation) a. Ad Valorem Tax - Schedule A b. Other Credits - Schedule B	Column C Net Income (Loss) (From Form 83-122 of each includable corporation)
		Round All Amounts to the Nearest Dollar
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b	
FEIN	a	
Name:	b.	
FEIN	a. b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name:	a.	
FEIN	b.	
Name: FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a.	
Name:	b.	
FEIN	a	
Name:	b.	
FEIN	a. b.	
Name:	a.	
FEIN	b.	
	W.	
Total Columns B and C. Enter here and include in	a.	
Form 83-310, Line 3.	b.	
	l	